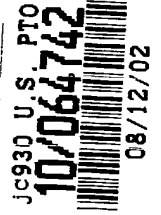


Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: 17066
Application ID: 10064742
Title of Invention: METHOD AND APPARATUS FOR
THE REMOTE RETRIEVAL AND
VIEWING OF DIAGNOSTIC
INFORMATION FROM A SET-TOP
BOX
First Named Inventor: Glen Roe
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2002-08-12
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: PD1301.01US
Digital Certificate Holder: cn=Micah Goldsmith, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
Certificate Message Digest: 6v8c4ScjXRTrQUQ26EDRTQ==
Total Fees Authorized: \$1830.0
Payment Category: DA - Deposit Account
Deposit Account Number: 41175
Deposit Account Name: Micah P. Goldsmith



TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Utility
Patent FilingAttorney Docket
Number:

PD1301.01US

**METHOD AND APPARATUS FOR THE
REMOTE RETRIEVAL AND VIEWING
OF DIAGNOSTIC INFORMATION FROM
A SET-TOP BOX**

First Named Inventor: Mr. Glen E. Roe

SUBMITTED BY

Name:	Mr. Micah P. Goldsmith
Registration Number:	43,638
Electronic Signature Mark: Micah P. Goldsmith	Date Signed: 20020812

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Attached Files:

declaration

Declaration1.tif

declaration	Declaration2.tif
declaration	POA1.tif
declaration	POA2.tif
bibd-transmittal	pd130101apds.xml
specification	PD130101.xml
patent-assignments	pd130101asgn.xml
fee-transmittal	pd130101fee.xml

Attached Image File(s):

Declaration1.tif
Declaration2.tif
POA1.tif
POA2.tif

Comments:

PTO/SB/01 (10-01)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	PD 1301.01 US
	First Named Inventor	Glen E. Roe
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	August 12, 2002
	Art Unit	
Examiner Name		

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR THE REMOTE RETRIEVAL AND VIEWING OF DIAGNOSTIC INFORMATION FROM A SET - TOP BOX

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION -- Utility or Design Patent Application			
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OR <input type="checkbox"/> Correspondence address below			
Name DISCOVISION ASSOCIATES -- Intellectual Property Development			
Address 2355 Main Street, Suite 200			
City Irvine		State CA	ZIP 92614
Country U.S.A.		Telephone (949) 660-5000	Fax (949) 660-1801
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Glen E.		Family Name or Surname Roe	
Inventor's Signature <i>[Signature]</i>		Date <i>[Date]</i>	
Residence: City Simi Valley		State CA	Country USA
Mailing Address 2546 N. Justin Ave			
City Simi Valley		State CA	ZIP 93065
City Burbank		State CA	ZIP 91506
Country USA		Citizenship USA	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Marvin C.		Family Name or Surname Carlberg	
Inventor's Signature <i>[Signature]</i>		Date <i>[Date]</i>	
Residence: City Los Angeles		State CA	Country USA
Mailing Address 12021 Wilshire Blvd., #727			
City Los Angeles		State CA	ZIP 90025
Country USA		Citizenship USA	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

[Page 2 of 2]

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PTO/SB/91 (02-01)

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	August 12, 2002
Filing Date	Glen E. Roe
First Named Inventor	Method and Apparatus a Set - Top Box
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	PD 1301.01 US

I hereby appoint:

☒ Practitioners at Customer Number

22887

OR

☐ Practitioner(s) named below:

22887

PATENT TRADEMARK OFFICE

Name	Registration Number

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OR

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OR

☒ Firm or
Individual Name

DISCOVISION ASSOCIATES - Intellectual Property Department

Address 2355 Main Street, Suite 200

Address

City

Irvine

State

CA

Zip

92614

Country

U.S.A.

Telephone

(949) 660-5000

Fax

(949) 660-1801

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Glen E. Roe

Signature

Date

8/18/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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PTO/SB/81 (02-01)
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	
	Filing Date	August 12, 2002
	First Named Inventor	Glen E. Roe
	Title	Method and Apparatus a Set - Top Box
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	PD 1301.01 US

I hereby appoint:

☒ Practitioners at Customer Number 22887
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☐ Practitioner(s) named below:

Name	Registration Number

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<input checked="" type="checkbox"/> Firm or Individual Name	DISCOVISION ASSOCIATES - Intellectual Property Department				
Address	2355 Main Street, Suite 200				
Address					
City	Irvine	State	CA	Zip	92614
Country	U.S.A.				
Telephone	(949) 660-5000	Fax	(949) 660-1801		

I am the:

☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86).

SIGNATURE of Applicant or Assignee of Record

Name	Marvin C. Carlberg
Signature	<i>Marvin C. Carlberg</i>
Date	8-8-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Electronic Version 1.1.0

Stylesheet Version: 1.0

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Large Entity

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Deposit Account Name: Discovision Associates

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Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

SUBMITTED BY

Authorized Name: Micah P. Goldsmith

Electronic Signature Mark: Micah P. Goldsmith

Date Signed: 20020812

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 740

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 69	103	\$ 18	49	\$ 882
Independent Claims: 5	102	\$ 84	2	\$ 168

Subtotal For Extra Claims Fees: \$ 1050

ADDITIONAL FEES

Fee Description	Number	Quantity	Fee Code	Amount	Fee Paid
Recording Each Patent Assignment Per Property Fee	00000000	1	581	\$ 40	\$ 40

Subtotal For Additional Fees: \$ 40